

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT
	IND.	DEP.	IND.	DEP.	IND. DEP.
1	1		1	1	
2		1		1	
3		1		1	
4		1		1	
5		1		1	
6		5		5	
7		6-10		5	
8		10		5	
9		10		5	
10		10		5	
11		10		5	
12		10		5	
13		1	1	1	
14		1		1	
15		1		1	
16		1		1	
17		4		4	
18		5		5	
19		5		5	
20		5	14	5	
21		5		5	
22		1		5	
23		1		5	
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48					
49					
50					
TOTAL IND.	1		1		
TOTAL DEP.	20		74		
TOTAL CLAIMS	21		75		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						